

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION

☒ Original ☐ Supplemental ☐ Substitute ☐ PCT ☐ Design

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: SYSTEM AND METHOD OF WAVEFRONT SENSING

of which is described and claimed in:

☒ the attached specification, or

☐ the specification in the application Serial No. _____ filed _____,
and with amendments through _____ (if applicable), or

☐ the specification in International Application No. _____ filed _____,
and as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United State Code, §119 (and §172 if this application is for a Design) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application in which priority is claimed:

| COUNTRY | APPLICATION NO. | DATE OF FILING | PRIORITY CLAIMED |
|---------|-----------------|----------------|------------------|
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I hereby claim the benefit under Title 35, United States code, §120 and §119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| APPLICATION SERIAL NO. | U.S. FILING DATE | STATUS: PATENTED, PENDING, ABANDONED |
|------------------------|------------------|--------------------------------------|
| 60/394,232 | 9 July 2002 | Pending |
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VOLENTINE FRANCOS, P.L.L.C. (9/2001)

And I hereby appoint Adam C. Volentine, Reg. No. 33289 and William S. Francos, Reg. No. 38,456, and the firm of *VOLENTINE FRANCOS, P.L.L.C.*, jointly and severally, attorneys to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

I hereby authorize the U.S. attorneys named herein to accept and following instructions from WaveFront Sciences, Inc., as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and myself. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by me.

Kindly direct all correspondence to:

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|---|---|---------------------------------------|--|
| FULL NAME OF 1ST INVENTOR | FAMILY NAME TOPA | FIRST GIVEN NAME DANIEL | SECOND GIVEN NAME M. |
| RESIDENCE & CITIZENSHIP | CITY ALBUQUERQUE | STATE OR COUNTRY NEW MEXICO | COUNTRY OF CITIZENSHIP UNITED STATES |
| POST OFFICE ADDRESS | ADDRESS 1212-B VASSAR DRIVE, SE, ALBUQUERQUE, NEW MEXICO, UNITED STATES 87106 | | |
| FULL NAME OF 2ND INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| RESIDENCE & CITIZENSHIP | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| FULL NAME OF 3RD INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| RESIDENCE & CITIZENSHIP | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |

| | | | | | | | | | |
|---------------------------|-------------|--|--|------------------|--|--|---------------------------|--|--|
| FULL NAME OF 4TH INVENTOR | FAMILY NAME | | | FIRST GIVEN NAME | | | SECOND GIVEN NAME | | |
| | CITY | | | STATE OR COUNTRY | | | COUNTRY OF CITIZENSHIP | | |
| | ADDRESS | | | CITY | | | STATE OR COUNTRY ZIP CODE | | |
| | | | | | | | | | |
| FULL NAME OF 5TH INVENTOR | FAMILY NAME | | | FIRST GIVEN NAME | | | SECOND GIVEN NAME | | |
| | CITY | | | STATE OR COUNTRY | | | COUNTRY OF CITIZENSHIP | | |
| | ADDRESS | | | CITY | | | STATE OR COUNTRY ZIP CODE | | |
| | | | | | | | | | |
| FULL NAME OF 6TH INVENTOR | FAMILY NAME | | | FIRST GIVEN NAME | | | SECOND GIVEN NAME | | |
| | CITY | | | STATE OR COUNTRY | | | COUNTRY OF CITIZENSHIP | | |
| | ADDRESS | | | CITY | | | STATE OR COUNTRY ZIP CODE | | |
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I further declare that all statements made herein of my own knowledge are true, and that all statements on information and believe are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor _____ Date: _____
 Daniel M. Topa
 2nd Inventor _____ Date: _____
 3rd Inventor _____ Date: _____
 4th Inventor _____ Date: _____
 5th Inventor _____ Date: _____
 6th Inventor _____ Date: _____

 Applicant Reference No. _____ Atty Docket No. WFS.017